17.9: XVII Glossary

**Acute grief:** Grief that begins immediately after the death of a loved one and includes the separation response and response to stress.

**Advance directives:** Legal documents that direct care when the patient can no longer speak from themselves, including the living will and the health care power of attorney.

**Anorexia:** Loss of appetite or loss of desire to eat.

**Anticipatory grief:** Grief before a loss, associated with diagnosis of an acute, chronic, and/or terminal illness experienced by the patient, family, and caregivers. Examples of anticipatory grief include actual or fear of potential loss or health, independence, body part, financial stability, choice, or mental function.

**Bereavement period:** The time it takes for the mourner to feel the pain of the loss, mourn, grieve, and adjust to the world without the presence of the deceased.

**Burnout:** A caregiver’s diminished caring and cynicism that can be triggered by workplace demands, lack of resources to do work professionally and safely, interpersonal relationship stressors, or work policies that can lead to diminished caring and cynicism. Burnout may be manifested physically and psychologically with a loss of motivation.

**Cachexia:** Wasting of muscle and adipose tissue due to lack of nutrition.

**Cardiopulmonary resuscitation (CPR):** Emergency treatment initiated when a patient’s breathing stops or their heart stops beating. It may involve chest compressions and mouth-to-mouth breathing, electric shocks to restart the heart, breathing tubes to open the airway, or cardiac medications.

**Comfort care:** Care that occurs when the patient’s and medical team’s goals shift from curative interventions to
symptom control, pain relief, and quality of life.

**Compassion fatigue:** A state of chronic and continuous self-sacrifice and/or prolonged exposure to difficult situations that affect a health care professional’s physical, emotional, and spiritual well-being.

**Complicated grief:** Chronic grief, delayed grief, exaggerated grief, and masked grief are types of complicated grief.

**Disenfranchised grief:** Any loss that is not validated or recognized.

**Do-not-resuscitate (DNR) order:** A medical order that instructs health care professionals not to perform cardiopulmonary resuscitation (CPR) if a patient’s breathing stops or if the patient’s heart stops beating.

**Fading away:** A transition that families make when they realize their seriously ill family member is dying.

**Grief:** The emotional response to a loss, defined as the individualized and personalized feelings and responses that an individual makes to real, perceived, or anticipated loss.

**Health care power of attorney:** A legal document that identifies a trusted individual to serve as a decision maker for health issues when the patient is no longer able to speak for themselves.

**Hospice care:** A type of palliative care that addresses care for patients who are terminally ill when a health care provider has determined they are expected to live six months or less.

**Living will:** A legal document that describes the patient’s wishes if they are no longer able to speak for themselves due to injury, illness, or a persistent vegetative state. The living will addresses issues like ventilator support, feeding tube placement, cardiopulmonary resuscitation, and intubation.

**Loss:** The absence of a possession or future possession with the response of grief and the expression of mourning.

**Mourning:** The outward, social expression of loss. Individuals outwardly express loss based on their cultural norms, customs, and practices, including rituals and traditions.

**Normal grief:** The common feelings, behaviors, and reactions to loss.

**Palliative care:** Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care occurs throughout the continuum of care and involves the interdisciplinary team collaboratively addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice.